

Documenting...Blank Forms

Blank Forms

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Learner Registration Information

FOR OFFICE USE: Student No: _____ State Identification No. (SID): _____

PLEASE PRINT – Information is confidential and will be used only for statistical purposes.
The Social Security Number is voluntary.

Date: ____/____/____
Month Day Year

First Name: _____ Last: _____ Maiden: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Emergency Phone: _____
Area Code Number Area Code Number

Birth Date: ____/____/____ Age: _____ Sex: ☐ Male ☐ Female
Month Day Year

(Optional) – Social Security Number: _____ - _____ - _____

FOR OFFICE USE ONLY: Location (code): _____ Application Date: _____

ENTRY LEVEL (circle one)

- 1 – ABE Beginning Literacy
- 2 – ABE Beginning
- 3 – ABE Low Intermediate
- 4 – ABE High Intermediate
- 5 – GED Low
- 6 – GED High
- 7 – ASC Low

- 8 – ASC High
- 9 – ESL Beginning Literacy
- 10 – ESL Low Beginning
- 11 – ESL High Beginning
- 12 – ESL Low Intermediate
- 13 – ESL High Intermediate
- 14 – ESL Advanced

- 15 – Work-based Project Learner

PROGRAMS

- 16 – Family Literacy Participant
- 17 – Workplace Literacy Participant
- 18 – Homeless Participant
- 19 – Work-based Project Learner

FOR OFFICE USE ONLY:



Learner is an Eligible Graduate

Learner Registration Information *(continued)*

First Name: _____ Last Name: _____

RACE/ETHNICITY (check one)

- ☐ 1. American Indian/Alaskan Native
- ☐ 2. Asian
- ☐ 3. Native Hawaiian/Other Pacific Islander
- ☐ 4. Black/African American
- ☐ 5. Hispanic/Latino
- ☐ 6. White
- ☐ 7. Multiracial

CITIZENSHIP (check)

- ☐ 1. U.S. Citizen
- ☐ 2. Immigrant
- ☐ 3. Legalized Alien
- ☐ Country, if not U.S.: _____

EMPLOYMENT STATUS (check one)

- ☐ 1. Employed
- ☐ 2. Unemployed and looking for work
- ☐ 3. Not in the labor force

EDUCATIONAL STATUS (check)

- ☐ 1. High school diploma
- ☐ 2. Special education diploma
- ☐ 3. G.E.D certificate/diploma
- ☐ 4. Currently enrolled in high school (9-12)

LAST GRADE COMPLETED _____
(1 – 12; 13 = PAST HIGH SCHOOL)

LAST SCHOOL ATTENDED _____

HOW DID YOU HEAR ABOUT US? (check one)

- ☐ 1. Friend or relative
- ☐ 2. TV or radio
- ☐ 3. Newspaper
- ☐ 4. Brochure/flyer
- ☐ 5. Department of Workforce Development referral
- ☐ 6. Public assistance referral
- ☐ 7. Literacy program referral
- ☐ 8. Court referral
- ☐ 9. Other referral _____
- ☐ 10. Employer
- ☐ 11. Shelter
- ☐ 12. Other _____

CHECK ALL THAT APPLY

- ☐ 1. Impairments (physical, mental, or learning)
- ☐ 2. Enrolled in an employment/training program
- ☐ 3. Live in rural area (outside city)
- ☐ 4. Live in urban area (city)
- ☐ 5. Receive public assistance
 - ☐ A. TANF (Temporary Assistance to Needy Families)
 - ☐ B. Receive food stamps
 - ☐ C. Receive other public assistance
 - ☐ D. Receive old-age assistance
 - ☐ E. Receive aid to the blind or disabled
 - ☐ F. Receive refugee cash assistance
- ☐ 6. Achieved work-based project goal
- ☐ 7. Displaced homemaker
- ☐ 8. Single parent
- ☐ 9. Dislocated worker
- ☐ 10. Resident of institution (check one)
 - ☐ A. Correctional facility
 - ☐ B. Community correctional facility
 - ☐ C. Medical, group, or nursing home

REASON(S) OR GOAL(S) FOR ATTENDING (must choose at least one)

- ☐ 1. Improve basic skills
- ☐ 2. Enter employment
- ☐ 3. Retain employment (upgrade skills to keep Improve current job)
- ☐ 4. Obtain a high school or GED diploma
- ☐ 5. Place in postsecondary education/job training
- ☐ 6. Achieve work-based project goal (only for work-based project learners)
- ☐ 7. Leave public assistance
- ☐ 8. Achieve citizenship skills
- ☐ 9. Increase involvement in children's education
- ☐ 10. Increase involvement in children's literacy activities
- ☐ 11. Vote or register to vote
- ☐ 12. Increase involvement in community activities

Statement of Understanding Regarding Release of Information Contained in Program Records

I understand that information on the learner registration information forms may be shared with the Indiana Department of Education or other adult education personnel for the purpose of compiling and reporting information as required by the Adult Education and Family Literacy Act.

I understand that after I have finished my program of study I may be contacted by telephone, regular mail, or e-mail about completion of my goals.

I understand that information regarding the completion of the following goals may be verified by another private or governmental agency:

- Getting or keeping a job
- Enrolling in a college, university, or other training program
- Passing the GED exam or getting a high school diploma

I authorize the program to release the following types of program record information:

- Directory information (name, address, telephone, social security number, etc.)
- Assessment scores
- Record of attendance
- Statistical information (gender, ethnicity, employment status, education, disability status, etc.)
- Educational goals and achievements

(Optional) Additional agencies to which this information may be released:

I understand that this release of information is valid for one year from the date of my signature.

Signature of Student

Date

Signature of Parent or Guardian (if necessary)

Date

Simplified Release of Information Form

Many ESL or English literacy students are not able to understand the learner registration information forms and the program may use a simplified application. These students may also need to use a simpler release form. The release below may be substituted.

Release of Information

I, _____, understand that a representative of the adult education program may call or write to me about my goals after I finish my class. I give permission to use information on this form to contact me. I give permission for other information (such as my social security number) to be used by adult education to make program reports. No information about me will be published. I understand that giving my social security number is voluntary. The social security number may be used to match information between private and state agencies. It will not be used to make decisions about me or any other person. If I do not give my social security number, I will not lose any rights or services as a student.

Signature

Date

Signature of Parent or Guardian (if required)

Date

| Student Confidential Records Log | | | |
|----------------------------------|----------------|--|-------------------------------|
| Date | Student's Name | Signature of Persons Accessing Records | Reasons Records Were Accessed |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

Authorization for Release of Strictly Confidential Information to Local Staff or Volunteers

I give my permission to release information contained in the document(s) indicated below:
Please date, initial, and check (✓) the appropriate items below.

Date Initials Check Item

- _____ _____ ☐ Tests of Adult Basic Education (TABE) scores
- _____ _____ ☐ Comprehensive Adult Student Assessment of System (CASAS) scores
- _____ _____ ☐ GED Official Practice Test scores
- _____ _____ ☐ GED scores
- _____ _____ ☐ Other: _____
- _____ _____ ☐ School records from: _____
- _____ _____ ☐ Other records from: _____

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information may be made available to several staff people, please list their names below. Then date, initial, and check (✓) the appropriate individuals. If different information is going to various individuals, make separate forms.

Date Initials Check Staff Member

_____ _____ ☐ _____

_____ _____ ☐ _____

_____ _____ ☐ _____

_____ _____ ☐ All of the Staff Members Listed above

_____ _____ ☐ Other Individual(s) _____

_____ _____ ☐ Volunteer Tutor _____

Date Initials Check Staff Member

_____ _____ ☐ _____

_____ _____ ☐ _____

_____ _____ ☐ _____

This release is valid from the date of my signature until June 30, _____, or until it is revoked in writing, whichever occurs first. This release has been read to me and I understand its contents.

Signature: _____ Date: _____

Signature of staff person releasing the information: _____

Authorization for Release of Information to External Agencies or Individuals

I give my permission to release information contained in the document(s) indicated below:
Please date, initial, and check (✓) the appropriate items below.

Date Initials Check Item

- | | | |
|-------|-------|--|
| _____ | _____ | <input type="checkbox"/> Tests of Adult Basic Education (TABE) scores |
| _____ | _____ | <input type="checkbox"/> Comprehensive Adult Student Assessment of System (CASAS) scores |
| _____ | _____ | <input type="checkbox"/> GED Official Practice Test scores |
| _____ | _____ | <input type="checkbox"/> Attendance records |
| _____ | _____ | <input type="checkbox"/> Other: _____ |
| _____ | _____ | <input type="checkbox"/> School records from: _____ |
| _____ | _____ | <input type="checkbox"/> Other records from: _____ |

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information may be made available to several staff people, please list their names below. Then date, initial, and check (✓) the appropriate individuals. If different information is going to various individuals, make separate forms.

Date Initials Check Agency

- | | | |
|-------|-------|---|
| _____ | _____ | <input type="checkbox"/> Agency: _____ |
| _____ | _____ | <input type="checkbox"/> Other Individual(s): _____ |

This release is valid from the date of my signature until June 30, _____, or until it is revoked in writing, whichever occurs first. This release has been read to me and I understand its contents.

Signature: _____ Date: _____

Signature of staff person releasing the information: _____

Student Progress and Achievement for ABE Placement and Test Scores

Student Number: _____ Name: _____

Site: _____ Site Number: _____

Entry Level (Circle One)

- | | | |
|----------------------------|----------------------------|-------------------------------------|
| 1 – ABE Beginning Literacy | 8 – ASC High | 15 – Work-based Project Learner |
| 2 – ABE Beginning | 9 – ESL Beginning Literacy | |
| 3 – ABE Low Intermediate | 10 – ESL Low Beginning | Programs |
| 4 – ABE High Intermediate | 11 – ESL High Beginning | 16 - Family Literacy Participant |
| 5 – GED Low | 12 – ESL Low Intermediate | 17 - Workplace Literacy Participant |
| 6 – GED High | 13 – ESL High Intermediate | 18 - Homeless Participant |
| 7 – ASC Low | 14 – ESL Advanced | 19 - Work-based Project Learner |

☐ Check if excluded from standardized testing and provide reason: _____

Test Scores

| | Date | Code | Type | Form | Series | Level | Subject | Appr/Loc Score | Raw Score | Scaled Score | Grade Equivalent |
|----|------|------|------|------|--------|-------|---------|-------------------|--------------|-----------------|---------------------|
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |

| | | | | |
|--------------|-------------|-------------|---------------|--|
| Code | Type | Form | Series | Level |
| 1 – Pretest | C – CASAS | 7,8 | E | 5A, 4A, 3A, 2A, A, B, C, D, E, M, 7, 8 |
| 1 – Posttest | T – TABE | 9,10 | L | |
| 3 – Year End | | | | |

| | | | |
|--------------------------|---------------------------------------|--------------------------------------|------------------------------|
| Subject | HM - High School Math | SM - Special Ed Math | LA - Language Arts |
| R - Reading | HR - High School Reading | SR - Special Ed Reading | CB - Complete Battery |
| L - Language Arts | HL - High School Language Arts | SL - Special Ed Language Arts | |

Revised 10/2003

Quarter Ending (Check one)
9/30 ___ 12/31 ___ 3/31 ___ 6/30 ___

ALP # _____

Adult Learning Plan

Name: _____ Date: _____

Reason for Participation: _____

Assessment Methods: _____

Strength/Interest: _____

Goal Areas (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Improve Basic Skills <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Language | <input type="checkbox"/> U.S. Citizenship Skills <input type="checkbox"/> Gain Unsubsidized Employment <input type="checkbox"/> Retain Employment or Advance in Job <input type="checkbox"/> Removal from Public Assistance <input type="checkbox"/> Work-based Project Goal <input type="checkbox"/> Increased Involvement in Community Activities | <input type="checkbox"/> Increased Involvement in Children's Education <input type="checkbox"/> Help more frequently with school <input type="checkbox"/> Increased contact with children's teachers <input type="checkbox"/> More involvement in children's activities <input type="checkbox"/> Increased Involvement in Children's Literacy Activities <input type="checkbox"/> Reading to children <input type="checkbox"/> Visiting library <input type="checkbox"/> Purchasing books or magazines |
| <input type="checkbox"/> High School Course/Diploma <input type="checkbox"/> GED Preparation <input type="checkbox"/> Preparation for Post Secondary Education or Training <input type="checkbox"/> ESL Conversation, Survival <input type="checkbox"/> ESL Reading, Writing | | <input type="checkbox"/> Other |

Additional Factors Affecting Learner's Progress: _____

LEARNER AGREEMENT

I have agreed that the above goal areas are those I choose to work on at this time. I understand that for the successful completion of these goal areas I will need to attend class or work with my tutor _____ hours per week, complete my assignments, ask for help when I need it, and make a genuine effort to learn. If changes need to be made in my learning plan, my instructor and I will make a new agreement.

Learner Signature: _____ Date: _____

INSTRUCTOR AGREEMENT

As the class instructor, I will do everything possible to help this learner achieve the above goals by providing appropriate instruction and by reviewing the learner's progress at regular intervals. I understand that if changes need to be made in the learning plan, the learner and I will make a new agreement.

Instructor Signature: _____ Date: _____

Follow-up: Additional Factors Affecting Learner's Progress:

Date: _____

Date: _____

Name: _____

Document Progress toward each goal

Circle: R (Reached goal), P (Progress made), N (No progress), M (Modified goal)

Enter date progress is being reviewed

Goal Area:

Date Set: _____

Date reached: _____

Date modified: _____

Short Term Goals:

Circle One

Date Reviewed

- | | | |
|--------------------------|---------|-------|
| 1. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 2. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 3. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 4. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |

Comments/Documentation: _____

Goal Area:

Date Set: _____

Date reached: _____

Date modified: _____

Short Term Goals:

Circle One

Date Reviewed

- | | | |
|--------------------------|---------|-------|
| 1. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 2. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 3. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |
| 4. _____ | R P N M | _____ |
| Materials/Methods: _____ | R P N M | _____ |

Comments/Documentation: _____

Learner Exit/Year-End Information

Student No: _____ Name: _____

Site: _____ Site #: _____ Exit program date: ____/____/____

Month Day Year

Progress Level at Exit/Year End

- ☐ 1. Completed level (improved basic skills)
- ☐ 2. Completed level and advanced one or more levels (improved basic skills)
- ☐ 3. Separated from level before completing that level
- ☐ 4. Remaining within level

If left before achieving objectives, check only one separation reason:

- ☐ 1. Illness/incapacity
- ☐ 2. Lack of dependent childcare resources
- ☐ 3. Lack of transportation resources
- ☐ 4. Family problems
- ☐ 5. Time and/or location of services not feasible
- ☐ 6. Lack of interest/instruction not helpful to participant
- ☐ 7. Moved
- ☐ 8. Entered employment
- ☐ 9. Other known reasons (specify) _____
- ☐ 10. Cannot locate or contact

Check Goals and Achievements

- ☐ 1. Entered employment
- ☐ 2. Retained employment (upgraded skills to keep or improve current job)
- ☐ 3. Obtained a high school or GED diploma (Date Received: _____)
- ☐ 4. Placed in post-secondary education or job training

Secondary Goals and Achievements

- ☐ 1. Achieved work-based project learning goal (only for work-based project learners)
- ☐ 2. Left public assistance
- ☐ 3. Achieved citizenship skills
- ☐ 4. Increased involvement in children's education
 - Help more frequently with school
 - Increased contact with children's teachers
 - More involved in children's activities
- ☐ 5. Increased involvement in children's literacy activities
 - Reading to children
 - Visiting library
 - Purchasing books or magazines
- ☐ 6. Voted or registered to vote
- ☐ 7. Increased involvement in community activities

Telephone Survey

Student Name: _____

Date: _____

Teacher: _____

Did the adult education program you attended help you:

- ☐ Enter Employment?
- ☐ Retain Employment?
- ☐ Obtain a high school or GED diploma?
- ☐ Enroll in post-secondary education or a job training program?

Also, did attending the adult education program help you:

- ☐ Achieve a work-based project learning goal (applies only to those enrolled in work-based learning)?
- ☐ Leave, or reduce public assistance received, such as TANF or food stamps?
- ☐ Achieve citizenship skills?
- ☐ Increase involvement in dependent child/children's education?
Helping more with school, increased contact with teachers, or more involved with children's activities
- ☐ Increase involvement in dependent child/children's literacy activities?
Reading to children, visiting library, or purchasing books or magazines
- ☐ Vote or register to vote for the first time?
- ☐ Increase involvement in community activities?

Would you refer your family, friends, and/or co-workers to this class? _____

How could your experience with adult education have been better? _____

How can adult education better serve your community? _____

If you did not complete the class, why did you stop coming?

- | | |
|---|---|
| <input type="checkbox"/> Illness/incapacity | <input type="checkbox"/> Lack of interest/instruction not helpful |
| <input type="checkbox"/> Lack of childcare resources | <input type="checkbox"/> Moved |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Entered employment |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Other reasons _____ |
| <input type="checkbox"/> Time and/or location of services | _____ |

Year-to-Date Achievement of Performance Measures

| Performance Measures | Program Goals To Be Met | Achievement Year-To-Date | | |
|--|-------------------------|--------------------------|---|---------|
| | | Number | / | Percent |
| ABE Beginning Literacy | | | | |
| ABE Beginning | | | | |
| ABE Low Intermediate | | | | |
| ABE High Intermediate | | | | |
| GED Low | | | | |
| GED High | | | | |
| ASC Low | | | | |
| ASC High | | | | |
| ESL Beginning Literacy | | | | |
| ESL Low Beginning | | | | |
| ESL High Beginning | | | | |
| ESL Low Intermediate | | | | |
| ESL High Intermediate | | | | |
| ESL Advanced | | | | |
| Entered Unsubsidized Employment | | | | |
| Retained Employment | | | | |
| Obtained High School Diploma or GED | | | | |
| Placed in Post-secondary Education or Training | | | | |

| Secondary Outcome Measures | Achievement Year-To-Date |
|---|--------------------------|
| | Number / Percent |
| Achieved Work-based Project Goal | |
| Left Public Assistance | |
| Achieved Citizenship Skills | |
| Voted or Registered to Vote | |
| Increased Involvement in Community Activities | |
| Increased Involvement in Children's Education | |
| Increased Involvement in Children's Literacy Activities | |